

# Child Protection Sub-Sector, north-east Nigeria

## Report on the Perception Survey on the Impact of COVID-19 Pandemic on the Well-being of Children and Child Protection Service Delivery

July 2020



# 1. Introduction

In the context of the COVID-19 global pandemic, as in other emergencies, existing child protection concerns are likely to worsen, and new ones emerge as a result of the related prevention and control measures. In north-east Nigeria, the threats and risks for children and their families caused by the ongoing conflict are likely to be further exacerbated by the COVID-19 pandemic. This global public health pandemic has also affected the capacities of families to provide and care for their children.

A total of 639 positive cases had been reported, of which 29 positive cases were children in north-east Nigeria between March and June 2020.

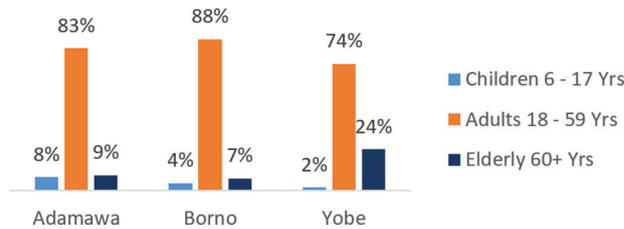


Figure 1: Percentage of cases tested positive for COVID-19 per age group in north-east Nigeria between March and June 2020 (source: Health Sector, north-east Nigeria).

## Rational and Methodology

The Child Protection Sub-Sector (CPSS) conducted a survey from 1-9 June 2020 to understand the perceptions of child protection actors on:

- (i) the impact of the COVID-19 pandemic on the well-being of children and the capacities of families to care and provide for children; and
- (ii) the effects of the pandemic and related prevention and restrictions measures including lockdowns on child protection service delivery in north-east Nigeria.

The survey was conducted via Google Forms and was completed by 24 organizations providing child protection services in north-east Nigeria and mainly in Borno state. The responses were received and analyzed by the CPSS coordination team. The survey covered the period of March to May 2020 and is limited to the perceptions of child protection actors. Given the COVID-19 context, it was not feasible to conduct collect information directly from the children and community members.

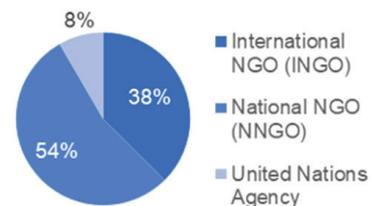


Figure 2: Category of survey respondent organization

The survey provides recommendations to be implemented by the state governments in north-east Nigeria, child protection actors and actors in other sectors, amongst others, to improve the well-being of children and access to and quality of child protection services within the context of the pandemic.

## 2. Summary of key findings

- Over 60% of the respondent organizations observed that majority of the children did not believe that the COVID-19 virus exists whereas respondent organizations observed that community members (18 years and above) tended to believe the existence of the virus in comparison to children.
- Thirty-eight (38%) of the respondents reported that children and 70% of the respondents reported community members (18 years and above) had information on what the COVID-19 virus is, how it is spread and how to protect themselves.
- The consequences that were observed to mostly affect children were (i) girls and boys having limited access to remote education services, (ii) increased psychosocial distress amongst girls and boys and (iii) limited access to sanitary materials for girls.
- The consequences that were observed to mostly affect the well-being of caregivers and families were (i) inability of caregivers to provide basic goods (food, etc.) for their children; (ii) loss of jobs and livelihoods; (iii) fear for the health and well-being of families; and (iv) increased psychosocial distress for women and men.
- In terms of the media used to deliver child messages on COVID-19, a combination of audio messaging and banners was observed to be the most effective medium for children and community members.
- The child protection services most impacted by the lockdown measures were provision of psychosocial support for caregivers and children and community reintegration for children formerly associated with armed groups (CAAG).
- The adapted modalities for child protection service delivery most utilized by the respondent organizations were (i) strengthening of community-based child protection mechanisms; (ii) in-person case management for high-risk cases only; (iii) remote capacity building for staff and volunteers; and (iv) in-person psychosocial support for high-risk caregivers only.
- A total of 80% of the respondent organizations were able to maintain supervision and mentoring for all child protection staff who continued working during the period covered by the survey whilst 17% were only able to maintain supervisory mentoring for some of their staff.

### 3. General survey findings

#### 3.1 Observations on understanding of COVID-19 by children and communities

The survey sought to understand the extent to which children and community members believed that COVID-19 exists. Based on the observations of the participating agencies, majority of children did not believe that COVID-19 exists as shown in Figure 3. Respondents organizations observed that community members tended to believe that the virus exists in comparison to children as shown in Figure 4.

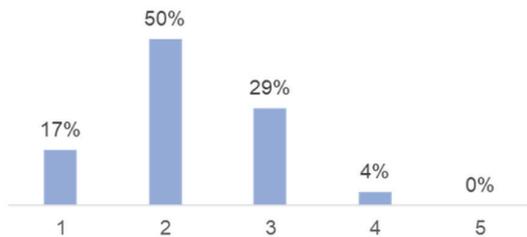


Figure 3: Observations on children's belief on existence of COVID-19

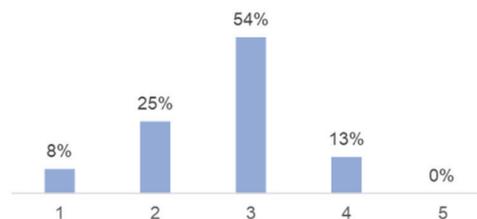


Figure 4: Observations on community members' (over 18 years) belief on existence of COVID-19

The survey also sought to understand the perceptions of child protection actors of the extent to which children and community members what the COVID-19 virus is, how it is spread and how they could protect themselves from infection. This was rated on a scale of 1 (children/community members have little information about the virus and how to protect themselves) to 5 (children/community members have the right information about the virus and how to protect themselves). Only 38% of the respondents reported that children had some information on what the COVID-19 virus is, how it is spread and how to protect themselves as shown in Figure 5. At least 70% of the respondents reported that community members (18 years and above) had some information on what the COVID-19 virus is, how it is spread and how to protect themselves as shown in Figure 6.

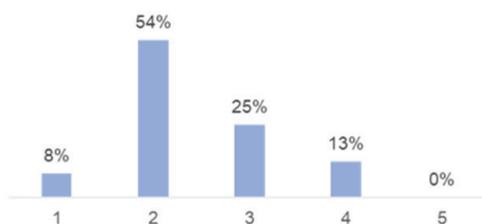


Figure 5: Observations on children's understanding of the virus and how to protect themselves

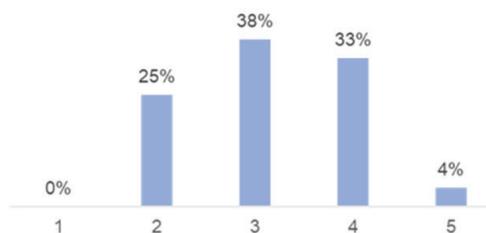


Figure 6: Observations on community members' understanding of the virus and how to protect themselves

#### 3.2 Observations on impact of lock-down and other restrictive measures on the well-being of children and their families

The survey sought to understand the direct and indirect consequences of the COVID-19 pandemic and related control measures on the well-being of children (below 18 years of age) as observed in the communities where the respondent organizations worked in during the period of March to May 2020. As shown in Figure 7 below, the consequences that were observed to mostly affect children were as follows (in order of gravity [moderate plus high]):

- Girls and boys having limited access to remote education services;
- Increased psychosocial distress amongst girls;
- Increased psychosocial distress amongst girls; and
- Limited access to sanitary materials for girls.

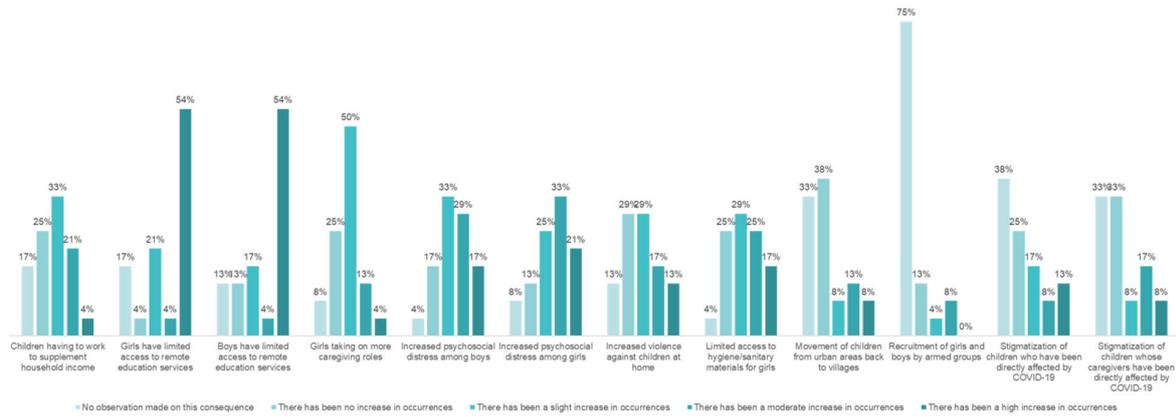


Figure 7: Observations of direct and indirect consequences on the well-being of children as a result of the COVID-19 prevention measures

The consequences that were observed to mostly affect the well-being of caregivers and families were as follows (in order of gravity [moderate plus high]) as shown in Figure 8 below:

- Inability of caregivers to provide basic goods (food, etc.) for their children;
- Loss of jobs and livelihoods;
- Fear for the health and well-being of families; and
- Increased psychosocial distress for women and men.

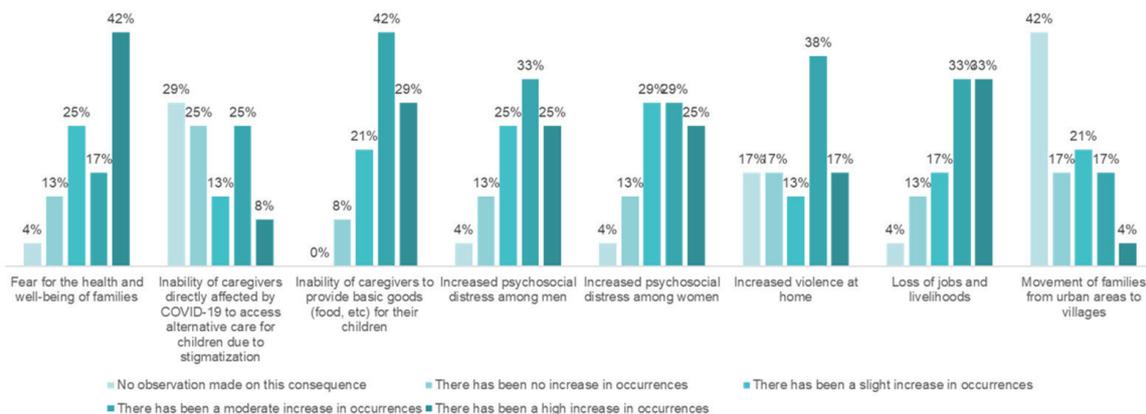


Figure 8: Observations of direct and indirect consequences on the well-being of caregivers and families as a result of the COVID-19 prevention measures

### 3.3 Observations on the extent to which measures to curb the spread of COVID-19 were practiced at LGA-level

The survey also sought to understand the extent to which measures to curb the spread of COVID-19 such as of physical distancing and handwashing were practiced within the Jere and MMC LGAs (urban and peri-urban) and in LGAs outside Jere and MMC. Out of the 24 respondent organizations, 67% implemented child protection activities in Jere and MMC LGAs as well as other LGAs whilst 33% implemented child protection activities only outside of Jere and MMC LGAs during the reporting period.

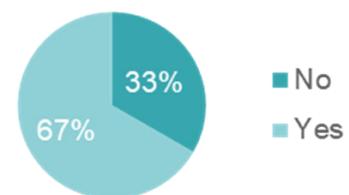


Figure 9: Organizations implementing in and outside Jere and MMC LGAs in Borno State

In Jere and MMC LGAs, children were observed to practice handwashing sometimes and there were few children observed wearing of masks and physical distancing (not gathering in groups and crowds). In LGAs outside Jere and MMC, similar observations were made by the respondent organizations albeit with a higher percentage of observation of handwashing by children in Jere and MMC in comparison to other LGAs as shown in Figures 10 and 11.

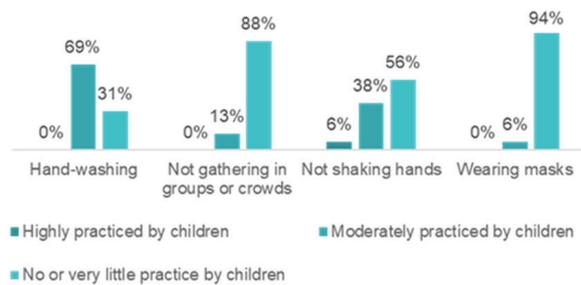


Figure 10: Observations of prevention practices by children in Jere and MMC

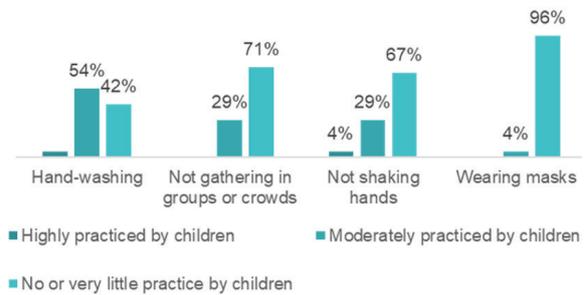


Figure 11: Observations of prevention practices by children in LGAs outside of Jere and MMC

For community members (18 years and above), handwashing was observed to be highly practiced in Jere and MMC LGAs but there was no or very little practice of wearing of masks. In LGAs outside Jere and MMC, similar observations were made by the respondent organizations albeit with a higher percentage of observation of handwashing by community members in Jere and MMC in comparison to other LGAs as shown in Figures 12 and 13. There was also notably no or very little wearing of masks by community members in LGAs outside Jere and MMC.

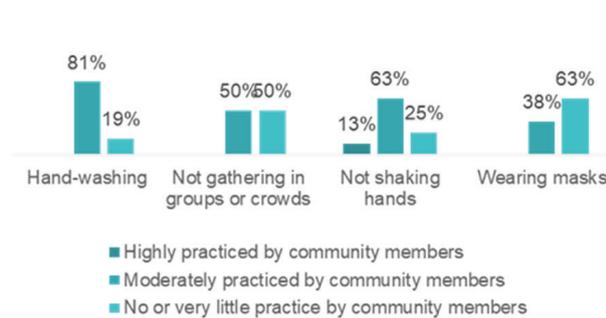


Figure 12: Observations of prevention practices by community members in Jere and MMC

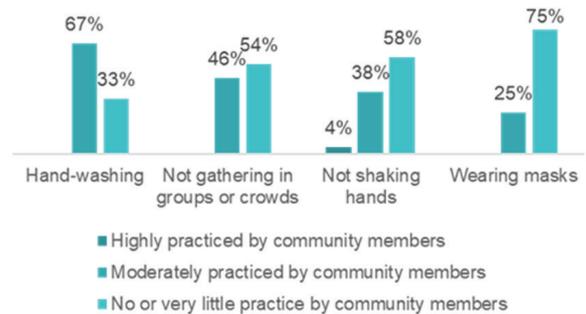


Figure 13: Observations of prevention practices by community members in LGAs outside of Jere and MMC

### 3.4 Education on COVID-19 and on child protection messaging for children and community members

Child protection actors, in addition to the State Governments and other humanitarian other agencies, worked to educate children and communities on COVID-19 and prevention and mitigation of protection risks for children during the reporting period. The survey sought to understanding the extent to which child protection actors were able to do this in the communities they were working in.

A total of 92% of the respondent organizations conducted activities to educate families and communities on how children can be protected from abuse, exploitation, neglect and violence in the COVID-19 context.

A total of 96% of the respondent organizations conducted activities to educate children (below the age of 18 years) on COVID-19 methods of transmission, symptoms and prevention measures whereas 92% of the respondent organizations conducted similar activities specifically targeting community members (18 years and above). In terms of the media used to deliver child messages on COVID-19, a combination of audio messaging and banners was observed to be the most effective medium for children and community members. This was closely followed by audio messaging as shown in Figures 14 and 15 below.

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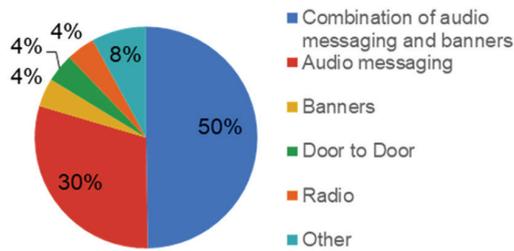


Figure 14: Observations on most effective media used to education children on COVID 19

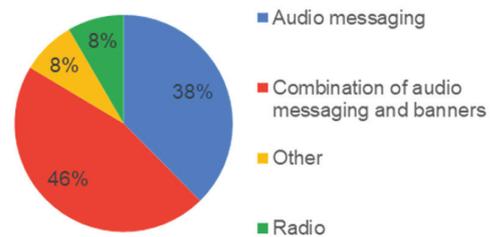


Figure 15: Observations on most effective media used to education community members on COVID 19

Out of the population groups targeted in IDP camps and host communities, it was observed that the most receptive group to the COVID-19 messaging (methods of transmission, symptoms and prevention measures) were women of 25 years and above whereas children between 6 and 12 years were least receptive to the messaging as shown in Figure 16 below.

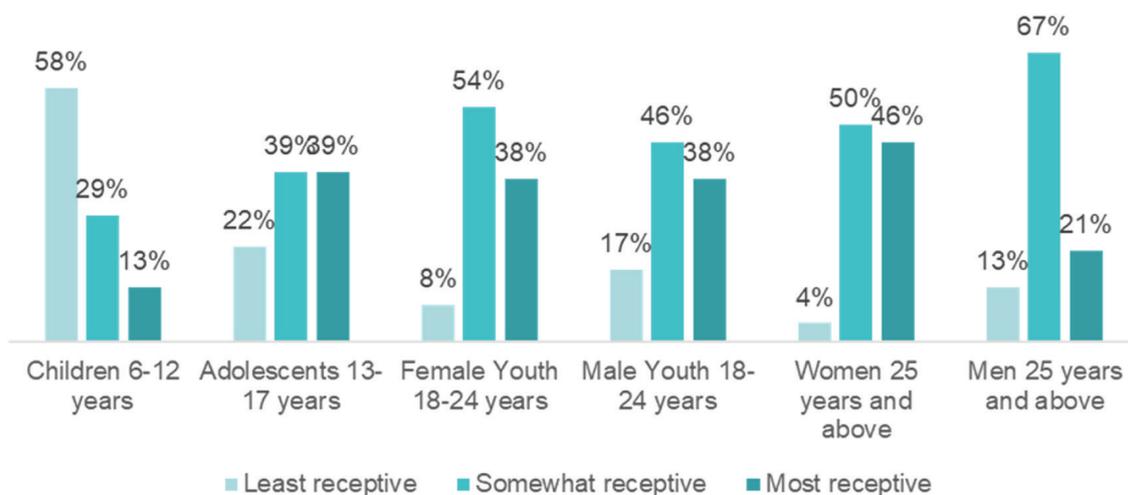


Figure 16: Observations on level of reception amongst population age groups to COVID-19 messaging

On whether community members knew where to report if someone showed symptoms of COVID-19, at least 50% of the respondent organizations observed that community members had information on where to report as shown in Figure 17.

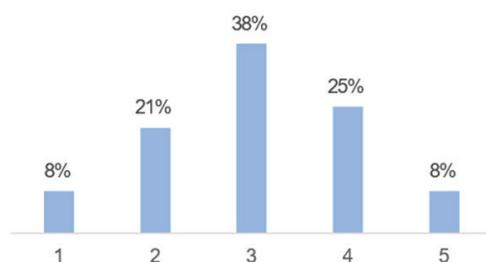


Figure 17: Observations on whether community members know where to report if someone showed symptoms of COVID-19

Scale: 1 (majority do not know where to report) to 5 (majority know where to report)

In relation to sources of information that children were most likely to trust the most as primary sources of COVID-19 information, parents and caregivers were observed as the most trusted source followed by child protection actors and then community and government leaders. For community members (18 years and above), the most trusted source was observed to be religious leaders, followed by child protection and WASH actors and community and government leaders equally and then by health teams and medical personnel.

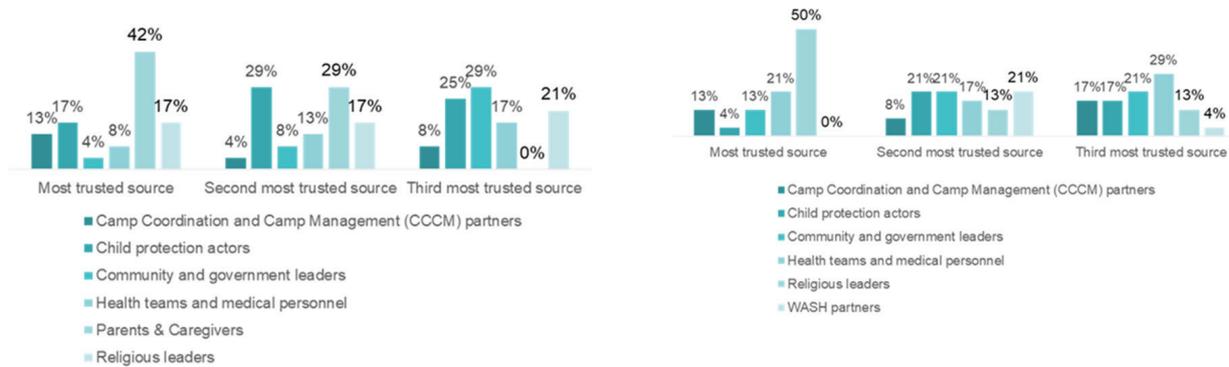


Figure 18: 3 most trusted sources of information for children on COVID-19

Figure 19: 3 most trusted sources of information for community members on COVID-19

### 3.5 Initial impact of the lock-down and other restrictive measures on child protection services and delivery of services

Between April and May 2020, the Borno State Government imposed restrictive measures to contain the spread of the virus including lock-down between April 23, 2020 and 13 May 2020. Movements were restricted within Jere and MMC 5 out of 7 days of the week. Passes were made available to some government and humanitarian actors to facilitate delivery of essential services. Travel by road between LGAs was largely restricted for the general public and humanitarian goods; measures to facilitate transportation of essential humanitarian staff and goods were largely not implemented in a timely manner. Travel by air for humanitarian workers between LGAs continued during the lock-down periods.

The survey sought to understand the impact on the delivery of child protection services in Jere and MMC and in LGAs outside Jere and MMC. In Jere and MMC, the most impacted services were provision of psychosocial support for caregivers followed by psychosocial support services for children as respondent organizations indicated that they were unable to continue with most of these activities. In LGAs outside Jere and MMC, the most impacted services were community reintegration for children formerly associated with armed groups (CAAG) and provision of psychosocial support services for caregivers.

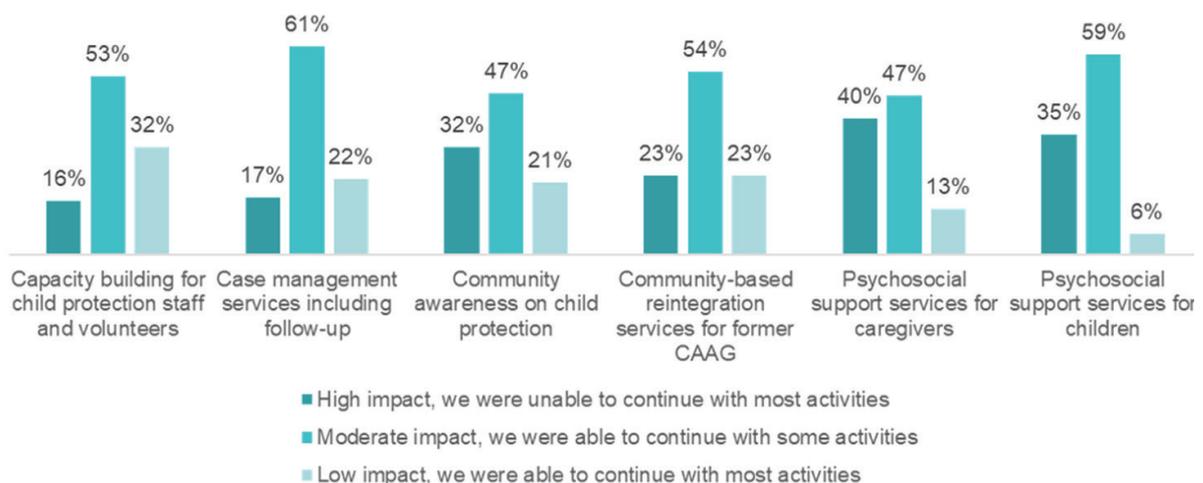


Figure 20: Impact of COVID-19 restrictive measures on delivery of child protection services in Jere and MMC LGAs



Figure 21: Impact of COVID-19 restrictive measures on delivery of child protection services in LGAs outside Jere and MMC

The survey also sought to understand to what extent child protection activities had to be suspended as a result of the pandemic and related prevention and control measures. As shown in Figure 22 below, 76% of the organizations implementing community-based reintegration services for former CAAG indicated that these activities had to be suspended completely during the lock-down period or partially in the period covered by the survey; this ties with the previous findings showing that community-based reintegration services for former CAAG was the most impacted service in LGAs outside Jere and MMC.

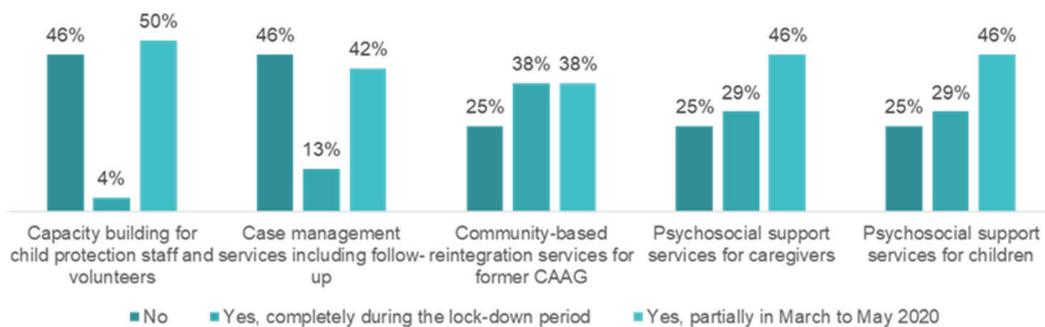


Figure 22: Extent to which child protection activities had to be suspended due to the pandemic and related control measures

During the lock-down period, a limited number of passes were issued by the Borno State Committee on the Prevention and Control of COVID-19 to facilitate delivery of essential humanitarian services. A total of 42% of the respondent organizations were able to obtain both vehicle and staff passes and 42% were able to obtain staff passes but no vehicle passes as shown in Figure 23 below. The Child Protection Sub-Sector advocated through the Inter-Sector Working Group for provision of passes specifically for national NGOs; however, only 5 passes were issued to NNGOs across all sectors.

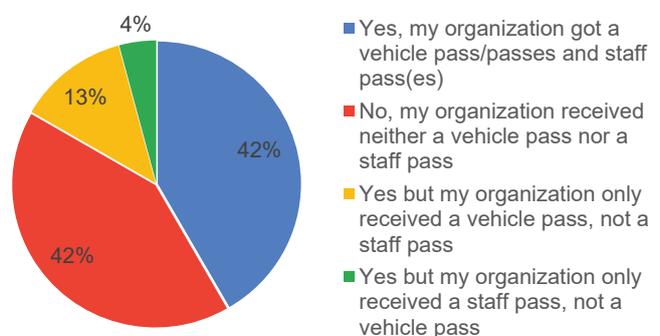


Figure 23: Access to humanitarian passes by child protection actors during the lockdown period in Borno State

With respect to movement of supplies necessary for child protection service delivery in and out of the State as well as to other LGAs, 42% of the respondent organizations indicated that they did not have any child protection supplies that required transportation, 25% were able to move child protection supplies with minimal challenges, 21% planned to move child protection supplies but were unable to do so and 13% were able to move child protection supplies but with considerable challenges.

The Child Protection Sub-Sector worked on documenting and sharing adapted modalities for child protection service delivery in the context of the pandemic based on global guidance and the local context. The survey sought to understand which modalities were used by child protection actors to provide services for children and caregivers. The modalities most utilized by the respondent organizations were:

- Strengthening of community-based child protection mechanisms;
- In-person case management for high-risk cases only;
- Remote capacity building for staff and volunteers; and
- In-person psychosocial support for high-risk caregivers only.

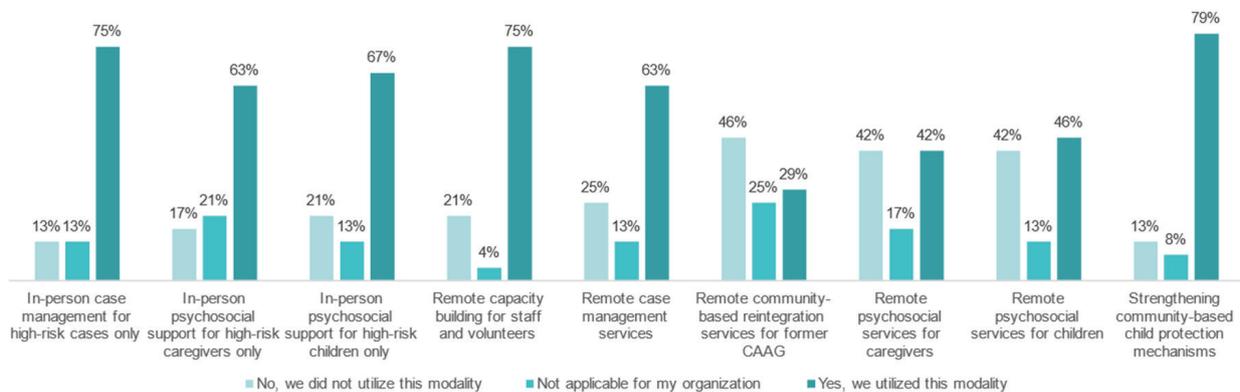


Figure 24: Adapted modalities used by child protection actors to deliver services for children and caregivers

With specific reference to implementation of psychosocial activities (facility-based or community-based), the survey sought to understand which items child protection organizations were able to provide to children and caregivers as part of the prevention and control measures against the spread of COVID-19. Out of the respondent organizations implementing psychosocial support activities, majority were able to provide clean water, soap/hand-sanitizers and handwashing stations as shown in Figure 25 below.

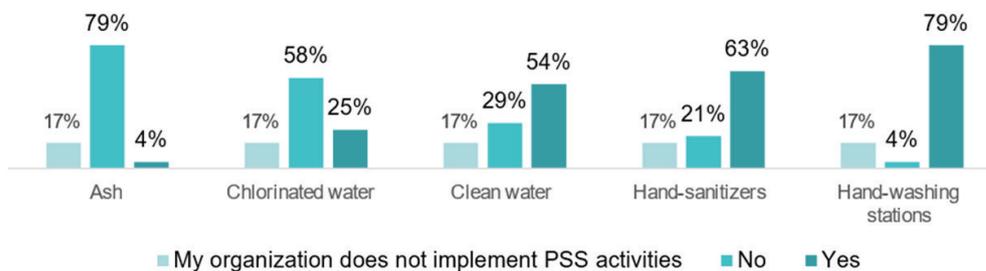


Figure 25: Provision of items in PSS activities to support prevention and control of the spread of COVID-19

### 3.6 Technical Guidance and Resources

The CPSS Coordination Team provided technical guidance and global and local resources to support the child protection response within the COVID-19 context. The survey sought to understand the extent to which child protection found the guidance and resources useful. As shown in Figure 26 below, the most useful guidance/resources for the respondent organizations were (in order of usefulness):

- The CPSS Nigeria Guidance Note on Child Protection Service Provision and Caring for Children in the Context of the COVID-19 Pandemic;
- The Health Sector COVID-19 Poster Materials in various languages (translated by Translators Without Borders);
- The UNICEF Handbook for Children on COVID-19 (English and Hausa)
- The Health Sector COVID-19 Audio Materials in various languages (translated by Translators Without Borders)
- The CPSS Nigeria Preparedness and Response Plan; and
- The Orientation Session on COVID-19 for Child Protection Actors conducted on April 9, 2020.

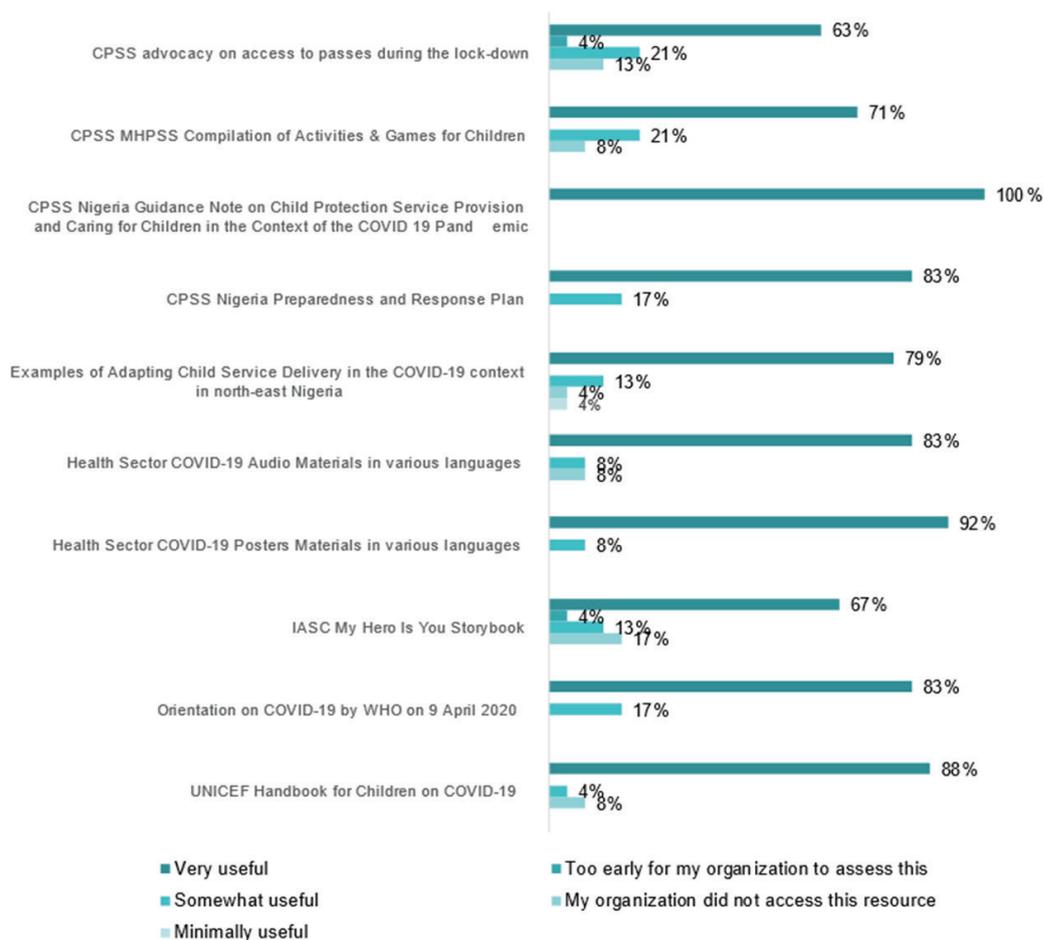


Figure 26: Usefulness of technical guidance and resources to support child protection service delivery

Other resources that the respondent organizations found useful were the IASC Interim Guidance on COVID-19 Protection from Sexual Exploitation and Abuse and IASC Interim for Camp Operations and Addressing Mental Health and Psychosocial Support.

In terms of other forms of support that the respondent organizations felt they would benefit from to support the implementation of child protection activities in the COVID-19 context, the following were listed:

- Messaging for parents and caregivers, audio messaging and IEC materials developed in local languages;
- Provision of face masks, hand sanitizers, handwashing stands and soap;
- More funding to support COVID-19 child protection response activities at the field level particularly for national NGOs (NNGOs) (this includes community-based, state and national level organizations);
- In the event of lockdowns, increased access for child protection actors to facilitate delivery of essential child protection services;
- Continued information sharing on the evolving COVID-19 situation and training of staff and volunteers on COVID-19;
- Capacity building on remote case management, and online training opportunities on child protection; and
- Harmonized and simplified guidance on cash-assistance and protection.

IEC materials on positive parenting, prevention of child abuse, exploitation, neglect and violence and on COVID-19 specific messaging for children and caregivers were developed by the CPSS, translated by Translators Without Borders into nine languages and made available to child protection and other actors in May and June 2020. Disposable face masks, gloves, handwashing stations and soap were made available to 19 NNGOs with the support of the Child Protection Area of Responsibility in May and June 2020.

### 3.7 Staff Welfare and Support

The survey sought to understand what measures had been taken by the respondent organizations to support staff well-being during the reporting period, what the capacities the organizations had to provide this support and what affected these capacities.

All respondent organizations reported that they were able to provide internal orientation on COVID-19 including methods of transmission, symptoms and prevention measures for their staff and volunteers.

A total of 63% of the respondent organizations did not reduce the number of staff and community volunteers during the period covered by the survey whilst 29% reduced the number of staff and community volunteers working during the given period. Only 8% of the respondent organizations reduced the number of staff but maintained the same number of community volunteers.

In terms of items for infection prevention and control provided to staff and community volunteers, majority of the respondent organizations were able to provide soap, handwashing stations, hand sanitizers and disposable face masks as shown in Figure 27. The items least provided were chlorinated water and reusable face masks.

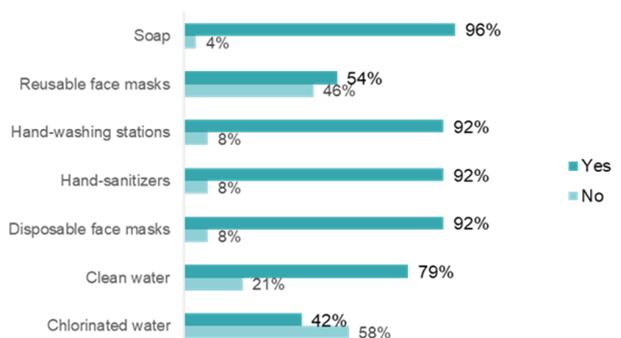


Figure 27: Items provided to staff for infection prevention and control

A total of 80% of the respondent organizations were able to maintain supervision and mentoring for all child protection staff who continued working during the period covered by the survey whilst 17% were only able to maintain supervisory mentoring for some of their staff. A total of 4% of the respondent organizations reported that they had no capacity to maintain supervision and mentoring for their staff during the given period.

In relation to the methods used to maintain supervision and mentoring and support for staff, the most applied methods were (in order of utilization):

- Virtual/remote supervision and mentoring;
- In-person supervision and mentoring; and
- Counseling support.

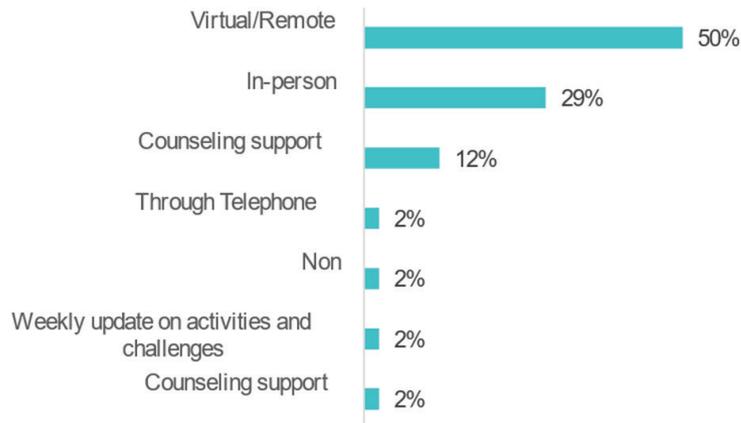


Figure 28: Methods of staff supervision and mentoring

The challenges and gaps that most affected the provision of appropriate staff welfare support during March to May 2020 were identified as shown in Figure 29 below, with the most significant being:

- Restriction of movements which meant staff were not able to be with their families; and

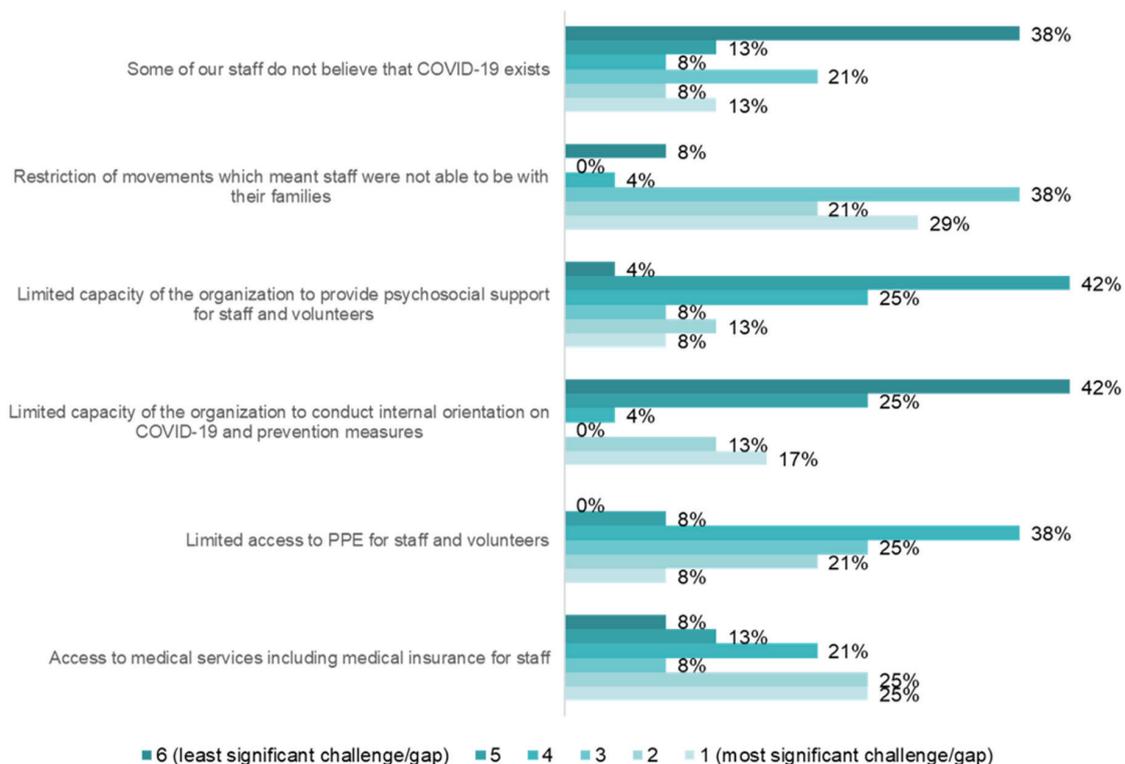


Figure 29: Challenges and gaps that most affected the provision of appropriate staff welfare support

## 4.0 Recommendations

The following recommendations are proposed on additional actions that need to be undertaken to improve access to child protection services within the context of the pandemic.

Recommendations	Responsible
<b>Understanding of COVID-19 by children and communities, messaging, measures and practices to curb the spread of the virus at community level</b>	
1. Targeted education for children with combined with increased education for caregivers as children rely on them as a primary source of information on COVID-19 and related infection prevention and control practices.	Child Protection Actors, Health Sector, WASH, Ministry of Health, MWASD, Ministry of Information
2. Targeted COVID-19 message through the formal and informal education systems with feedback mechanisms on children's understanding and concerns about the pandemic.	Education, Ministry of Education, Child Protection Actors
3. Continued education on COVID-19 and good hygiene practices at community level with increased involvement of community and religious leaders.	Health Sector, WASH, Ministry of Health
<b>Observations on impact of lock-down and other restrictive measures on the well-being of children and their families</b>	
4. Strengthening the capacities of families to provide and care for their children is important including targeted programming on positive parenting and cash programming.	State Governments, Child Protection Actors, FSL, CWG
5. Strengthening community-based child protection mechanisms in identification and response to child protection concerns.	Child Protection Actors
6. Strengthening reporting and feedback mechanisms to enable children and caregivers reach out to child protection workers, and not just child protection workers reaching out to them.	Child Protection Actors
<b>Impact of lockdowns and other restrictive measures on child protection services and delivery of services</b>	
7. Adaptation of child protection programme and project activities including investment in community-based and remote modalities.	Child Protection Actors
8. In the event of subsequent lockdowns, the system for issuance of staff and vehicle passes should be streamlined and include NNGOs.	State Governments
<b>Technical Guidance and Resources</b>	
9. Strengthening technical and organizational capacities of child protection NNGOs.	Child Protection Sub-Sector Coordinator
10. Regular updating service mapping and referral pathways at LGA-level.	Child Protection Sub-Sector Coordinator and CP LGA Focal Agencies

## 5.0 Conclusion

The direct and indirect consequences of COVID-19 will be felt in the medium and long-term, not only on children's physical well-being but on their mental and social well-being. Accordingly, actions to address the impact of the pandemic from a child protection perspective will require changes in strategy, approaches and processes by child protection actors and donors. Investment in systems strengthening particularly community-based structures will be key to enabling children and communities cope with the changes brought about by the pandemic. This will require increased multi-year predictable funding for child protection and other support services to mitigate the negative coping mechanisms resulting from the pandemic. Accelerating localization through strengthening government and national/local NGO capacities will be instrumental.

Overall, there is a clear need for specific inter-sectoral actions included continued coordination with the Child Protection Sub-Sector to address the impact of COVID-19 and related control measures on the well-being of children and their caregivers.